

# K-CHAMP

Kansas Child Health Assessment & Monitoring Project

## Project Guidelines and Overview

Kansas Department of Health & Environment



# K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

Dear Site Coordinator,

Thank you for participating in the Kansas Child Health Assessment and Monitoring Project (K-CHAMP). K-CHAMP is a public health study designed to assess the patterns of diet, physical activity, overweight, and other factors that influence chronic diseases among children and adolescents in Kansas. Information related to health, nutrition, physical activity, and height and weight will be collected. The data collected as a result of this project will provide empirical support for current programs, as well as begin a dialogue among schools, state and local health departments, communities, and institutions of higher education regarding potential new programs with the capacity to further promote the health and academic potential of Kansas' youth.

This project is being conducted by the Kansas Department of Health and Environment (KDHE) under the direction of a Principal Investigator from the University of Kansas Medical Center (KUMC) and is funded by the Sunflower Foundation: Health Care for Kansans, a Topeka-based philanthropic organization with the mission to serve as a catalyst for improving the health of Kansans.

This binder provides a detailed description of each aspect of the project. A complete project checklist is provided on page six of this binder. Should you have questions or need assistance completing any aspect of this project please do not hesitate to contact us and we will be happy to assist you.

Thank You

**K-CHAMP**

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## K-CHAMP Contacts

### **Principal Investigator**

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## K-CHAMP Overview

### Background

The Kansas Child Health Assessment and Monitoring Project (K-CHAMP) is directed by the Kansas Department of Health and Environment (KDHE) under the guidance of a Principal Investigator from the University of Kansas Medical Center (KUMC). The project is funded by the Sunflower Foundation: Health Care for Kansans, a Topeka-based philanthropic organization with the mission to serve as a catalyst for improving the health of Kansans. K-CHAMP was designed with assistance from an advisory committee comprised of partners from the Kansas State Department of Education, the University of Kansas Medical Center, Kansas State University, Kansas Action for Healthy Kids and representatives from local school nursing. This project underwent eight months of research and planning to develop and refine the information provided in this binder. This binder provides information on logistics, consent forms for elementary, middle, and high school students, a project timeline and the protocol and data collection instruments to be used.

### Purpose

K-CHAMP hopes to provide data to answer the question: How are Kansas kids growing? Currently, there is very little data available on adolescent health in the state of Kansas. To fill this data gap K-CHAMP will assess the patterns of diet, physical activity, overweight, and other factors that influence chronic diseases among children and adolescents in Kansas.

### Data Collection Methods

This will be achieved by collecting data from clinical height and weight measurements and responses from an administered survey related to health, nutrition, and physical activity. Also, data related to the school environment (i.e., snack and beverage machines, à la carte programs, school stores, food advertising, and physical education and sports programs) will be collected by the University of Kansas Medical Center, in conjunction with K-CHAMP. Only the high schools in the K-CHAMP sample will participate in the environmental assessment. Detailed information regarding the environmental assessment

is provided in this binder. K-CHAMP will utilize a representative statewide sample of children in kindergarten through grade 12. All data related to K-CHAMP will be collected in the spring of 2005. A school site coordinator, chosen by the school, will coordinate the collection of heights and weights and the administration of the health survey. We anticipate the impact on your school to be minimal. To keep the project manageable and to be respectful of valuable instructional time, this study will only utilize approximately 2-4 classrooms from each school. For students in Kindergarten through grade 5, surveys will be sent home for a parent or guardian to complete. For students in grades 6 to 12, surveys will be completed by the students in a classroom setting. The health survey will require approximately 20-25 minutes to administer and the height and weight collection should take no more than a few minutes of the student's time.

## **Stipend**

The school site coordinator and the teachers from each of the randomly selected classrooms will be compensated for their involvement in this project. The school stipend will be distributed such that the site coordinator will receive \$170, and each selected classroom teacher will receive \$40.

## **Using the Information**

K-CHAMP offers the state of Kansas a unique opportunity to collect a wealth of information to aid in the creation and evaluation of school programs promoting improved health and academics. With the advent of No Child Left Behind, coupled with tightening education budgets, schools have been forced to thoroughly examine the programs and curricula they offer. Specifically, schools need data that help to support and justify retaining or initiating programs, curricula, and policies that enhance both the academic and physical health of its students. It is our hope that this project, combined with the growth in the state's new Coordinated School Health Program, will encourage schools to explore their own needs regarding health and academics and work with state systems to institute school level collection of data to support progress in these areas.

Responsible Party	Task	✓ When Completed
1. Coordinator	1. Compile and send KDHE list of classes	<input type="checkbox"/>
2. Coordinator	2. Provide KDHE the # of Spanish translated materials required	<input type="checkbox"/>
3. Coordinator	3. Provide the teachers of selected classrooms with the teacher reimbursement form	<input type="checkbox"/>
4. Coordinator	4. Copy parental/guardian letter to school letterhead	<input type="checkbox"/>
5. Coordinator	5. Prepare student packets	<input type="checkbox"/>
6. Coordinator	6. For site coordinators with grades K-5 participating, the survey <b>Should</b> be included in the student packets since the parent/guardian will complete the survey	<input type="checkbox"/>
7. Coordinator	7. Deliver the appropriate # of student packets to the teachers	<input type="checkbox"/>
8. Teacher	8. Pass out student packets for students to take home	<input type="checkbox"/>
9. Coordinator	9. Address and send the reminder postcards via mail to parents of selected students	<input type="checkbox"/>
10. Teacher	10. Ensure all returned consent forms are given to the coordinator	<input type="checkbox"/>
11. Teacher	11. For teachers of grades K-5, ensure all returned surveys are given to the coordinator	<input type="checkbox"/>
12. Coordinator/Teacher	12. For selected classrooms in grades 6-12, work to determine the best day to administer the health survey	<input type="checkbox"/>
13. Coordinator	13. Ensure the health survey is administered to those students, grades 6-12, that have permission to participate	<input type="checkbox"/>
14. Coordinator	14. Review height and weight measurement protocol	<input type="checkbox"/>
15. Coordinator	15. Collect the height and weight on each student that has permission to participate	<input type="checkbox"/>
16. Coordinator	16. Ensure each student's completed height and weight form is stapled to his/her completed survey	<input type="checkbox"/>
17. Coordinator	17. For coordinators at the high school level (grades 9-12) work with K-CHAMP staff to complete the environmental assessment	<input type="checkbox"/>
18. Coordinator	18. Ensure all data collection forms, surveys and consent forms are sent to KDHE upon completion	<input type="checkbox"/>

# K-CHAMP Checklist Details

## 1. Constructing Class Lists

The implementation of K-CHAMP requires each participating school to provide a comprehensive and accurate list of classes for the purpose of classroom sampling. Not all classrooms/students from your school will be selected to participate. We anticipate most schools will have approximately 2-4 classrooms selected for participation. Your school classes may be organized in one of two ways:

- A. The school is organized into **distinct class periods** that require students rotate to different classrooms at fixed intervals of time, as depicted in Table 1:

Department	Faculty	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Art	Holloway	Art I Grades 6, 7, & 8	Art II Grades 7 & 8	Pottery Grades 6, 7, & 8	Planning	Art II Grades 7 & 8	Art III Grade 8
Business	Carter	Bus I Grades 6, 7, & 8	Bus I Grades 7 & 8	Planning	Bus II Grade 8	Accounting Grades 7 & 8	Business Law Grade 8
Business	Edgar	Acct. II Grades 7 & 8	Bus II Grade 8	Bus. Ethics Grade 8	Act I Grades 7 & 8	Act II Grade 8	Planning
English	Carl	Eng I Grade 6	Eng I Grade 6	Composition Grade 8	Planning	Amer. Lit Grade 8	Yearbook Grades 6, 7, & 8
English	Ducas	Journalism Grades 7 & 8	Eng III Grade 8	Eng IV Grade 8	Composition Grade 8	Planning	Creative Writing Grade 8

This example illustrates how 2<sup>nd</sup> period classes will be used as a basis for sampling. Please note that in order to select classrooms properly, it will be necessary to include the grade levels in which each class is taught. For example, some classes are for specific grades (e.g., English I may be only for students in 6<sup>th</sup> grade, etc.), while other classes will likely include students in multiple grades (e.g., band, chorus, art, etc.). You may elect to provide information only for the 2<sup>nd</sup> period if desired.

- B. Students spend the entire day in a single classroom, except for special subjects such as art, music, and physical education; students may switch classes for subjects such as math or reading, but essentially remain in a “home room” throughout the day. This situation is depicted in table 2 on the next page:



Teacher Name	Grade Level
Garrett	Kindergarten
Warren	Kindergarten
Husten	Kindergarten
Richter	1st
Easton	1st
Caraballo	1st
Horton	1st
Johnson	2nd
Park	2nd
Starr	2nd
Rogers	3 <sup>rd</sup>
Jamison	4 <sup>th</sup>
Sizemore	4th
Vaughn	5 <sup>th</sup>
Williams	5th

The format of this information can be in the form of a master list your school already has or in the form of a spreadsheet. Any format that provides the information listed in the above examples will suffice.

Once this information is received at KDHE, specific classrooms will be randomly selected, and you will be contacted to obtain the number of students in the selected classes.

Send Class List To:

Mr. Brandon Skidmore  
Kansas Department of Health and Environment  
1000 SW Jackson, Suite 230  
Topeka, KS 66612-1274  
Fax: 785-296-8059  
E-mail: [bskidmore@kdhe.state.ks.us](mailto:bskidmore@kdhe.state.ks.us)

- 2. Provide KDHE the # of Spanish translated materials required-** The coordinator will provide KDHE a request for Spanish translated materials.

- 3. Provide teachers of selected classrooms with their reimbursement forms-**The coordinator will provide each teacher of a selected classroom with the appropriate reimbursement form. Additional copies of the reimbursement may be made using the master located in the appendices.
- 4. Copy parent/guardian letter to school letterhead-** The parent guardian letter is provided in this binder located in the appendices. Coordinators may simply copy this letter onto school letterhead or retype the letter onto school letterhead. A representative from the school should sign the letter (site coordinator, principal, etc.). A Spanish version of this letter is available.
- 5. Prepare student packets-** Each coordinator will receive a packet for each student in the sampled classrooms. KDHE will send the consent forms, survey forms, height and weight forms and postcards once the classrooms have been selected per the information provided in task #1. Once the parent/guardian letter has been copied to school letterhead and signed, the coordinator will create the student packets according to the directions below and then deliver the packets to the appropriate teacher for distribution to students. Please be sure to use the Spanish translated consent forms and the translated parent/guardian letter when appropriate. (Copy of the consent forms and parent guardian letter are located in the appendices) A packet for each student in the selected classrooms are to be prepared as follows:
  - a. Packet contents for students in grades K-5
    - \* Parent/Guardian letter
    - \* K-5 Consent Form
    - \* Additional copy of the consent form to retain
    - \* Copy of the K-CHAMP K-5 Survey
  - b. Packet contents for students in grades 6-12
    - \* Parent/Guardian letter
    - \* 6-12 Consent Form (use 18 Years & Older form where appropriate)
    - \* Additional copy of the consent form to retain
- 6. Only students in grades K-5 will get a survey in their student packets.**  
**Students participating in grades 6-12 complete the survey in class.**
- 7. Deliver appropriate # of student packets to teachers-** Once the packets have been prepared, the coordinator will deliver these packets to the teacher of each selected classroom for distribution. If you require additional copies of the consent

- form, you can call KDHE and we will mail you additional copies or you can make additional copies on your own.
8. **Pass out student packets for students to take home-** Teachers should receive from the school site coordinator a student packet for each student in their classroom. Additional packets are available from the school site coordinator. Teachers will distribute the packets to students.
  9. **Address and send reminder postcard via mail to parents of selected students-** Site coordinators will receive an appropriate number of reminder postcards based on the information provided in task #1 (example of the postcard is located in the front pocket of the binder). The postcard should be sent to the parents/guardians of each student in the sampled classrooms. Spanish translated postcards are available. The postcard should be sent to the parents/guardians the same day the packets are sent home with students.
  10. **Ensure all returned consent forms are given to the site coordinator-** Teachers of the selected classrooms will ensure all the returned consent forms are given to the site coordinator.
  11. **Teachers of grades K-5 should ensure all returned surveys are given to the coordinator**
  12. **For selected classrooms in grades 6-12, work to determine the best day to administer the health survey-** The site coordinator will work with the teacher of each selected classroom to determine the best day to administer the health survey. Please remember that the survey (for grades 6 –12) must be administered before the height and weight measurements are collected.
  13. **Ensure the health survey is administered-** Surveys are to be administered to only those students (grades 6-12) with signed parental consent forms.
  14. **Review height and weight protocol-** The site coordinator should review the height and weight protocol (located in the appendices) before conducting the height and weight measurements. While we realize that each of you are familiar with the process of collecting heights and weights, it is extremely important due to the large number of schools participating in this project to adhere to the protocol provided to ensure accurate and reliable scientific measurements and consistency across school sites. We are requesting that height and weight measurements be taken specifically for this project, even if such measurements

- have already been done on participating students as part of a routine school screening process. Your cooperation with this request is greatly appreciated.
- 15. Collect the height and weight on each participating student according to the K-CHAMP protocol-** As stated above, it is extremely important to remember to collect the height and weight measurements after the survey has been completed. Height and weight data should be recorded on the K-CHAMP Data Form (example located in the appendices). You may choose to collect the height and weight data using either the English or Metric formula.
- 16. Make sure each student's height and weight form is attached to his/her completed survey-** This is a crucial step when preparing to mail the data to KDHE. The survey and the K-CHAMP Data Form each have a cover form with the student and teacher name. This form is meant to aide the site coordinator in getting each student's completed K-CHAMP Data Form attached to his/her completed health survey. Once the K-CHAMP Data Form has been matched with the appropriate completed survey the cover forms should be removed from both the survey and the K-CHAMP Data Form. The documents should then be stapled together for mailing. The form on the back of the survey and data form, which lists the classroom code, the building code and the school district, should remain attached to the survey.
- 17. For site coordinators at the high school level (grades 9-12) work with project staff to complete the environmental assessment-** A more detailed review of the environmental assessment is provided in this binder. The site coordinator will be contacted by project staff to complete this portion of the project.
- 18. Ensure all data collection forms are sent to KDHE upon completion.**



## Environmental Assessment Project Contacts

### **Principal Investigator**

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### **Project Director**

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# Assessing the High School Environment

## *Project Guidelines and Overview*

### **School Environment Component**

Only the high schools in the K-CHAMP sample will participate in the environmental assessment. This component will assess school environmental factors (i.e. snack and beverage machines, à la carte programs, school stores, food advertising, and physical education and sports programs) that will then be linked to the health, nutrition, physical activity, and height and weight data collected from individual students. Linking school environmental data to student level data will provide a snapshot of select factors within the school environment and their relationship to the dietary and physical activity patterns of Kansas youth. Results may be disseminated at local, state and national conferences, as well as in peer-reviewed journals. In all cases, school data will be de-identified with no schools being identified by name.

## *Project Checklist*

### **Expectations of the Participating School:**

- To permit the collection of environmental data on 1-2 pre-selected school days. The school food service manager and a physical education instructor will be asked for assistance in completing this task. Environmental data will include the following:
  - *A la carte programs.* Presence of lunchtime a la carte programs; number of items offered and sold during a one day period; brand name, package size, serving size, and grams of fat per serving on all foods sale.
  - *Snack and beverage vending and school stores.* Number of snack machines, school stores, and beverage machines available for student use; location and hours of operation; number of items offered and sold; brand name, package size/weight, serving size, and grams of fat per serving on items sold during a one day period.
  - *Food advertising.* Total number of food and beverage advertisements displayed within the school; content of advertising; promotion of soft drinks, candy, and fast food meals via curricula/lesson plans or coupons for free or reduced prices on these products.

- *Physical education requirements.* Physical education requirements by grade; minutes of opportunity to engage in physical activity during PE classes.
  - *Sports programs.* Interscholastic and intramural school sports programs available to girls and boys; number of students enrolled in these programs during the past 12 months.
- To answer a brief questionnaire regarding school policies and activities.

**Expectations of the Site Coordinator:**

- To identify and provide contact information for the school's food service manager, physical education teachers, and a liaison in the school's main office. Once identified, these individuals will be contacted by Tricia Snow, Environmental Project Director, regarding their assistance with the collection of the school food and physical activity environment components.
- To work in collaboration with Tricia Snow to complete forms regarding the presence and operation of school store(s), the presence and operation of vending machines with student access, and provide contact information for vendors supplying the school's vending machines. These forms will be sent to schools under separate cover.

**Project Timeline:**

Data collection will occur in the spring or fall of 2005.

# Appendices



# Staff Reimbursement Forms

# Site Coordinator Reimbursement Form

**OFFICE OF HEALTH PROMOTION**  
**1000 SW Jackson, Suite 230**  
**Topeka, Kansas 66612**  
**Phone: 785-296-8150    Fax: 785-296-8059**

**CONSULTANT REIMBURSEMENT FORM FOR THE SCHOOL SITE COORDINATOR**

I, \_\_\_\_\_, performed all School Site Coordinator duties as outlined below regarding the Kansas Child Health Assessment and Monitoring Project.

Please reimburse the following consultant in the amount indicated:

**EXPENSE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

	Total
Consultant Fee	<u>\$170.00</u>

Site Coordinator duties performed included:

- Compiled and sent KDHE a list of classes per the instructions provided in the binder
- Provided the teachers of the selected classrooms with the Classroom Teacher Reimbursement Form
- Copied the parent/guardian letter provided in the binder onto school letterhead and included it in the student consent form packets
- Provided the participating teachers with the appropriate number of student consent form packets for distribution
- Addressed and mailed the reminder post cards
- For site coordinators working with grades 6-12, worked with participating teachers on an appropriate schedule to administer the K-CHAMP Survey
- Insured that the K-CHAMP Survey was administered to all participating students (grades 6-12)
- Collected height and weight measurements (per instructions on the data form) on all participating students
- Stapled each student's completed survey to his/her completed height and weight measurement form (making sure that the cover page was removed from both prior to sending to KDHE)
- For site coordinators at the high school level (grades 9-12), worked with K-CHAMP project staff to complete the environmental assessment
- Mailed all consent and completed data collection forms back to KDHE upon completion

I certify that the above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
(Office Director)

\_\_\_\_\_  
Date

# Classroom Teacher Reimbursement Form

**OFFICE OF HEALTH PROMOTION**  
**1000 SW Jackson, Suite 230**  
**Topeka, Kansas 66612**  
**Phone: 785-296-8150    Fax: 785-296-8059**

**CONSULTANT REIMBURSEMENT FORM FOR THE CLASSROOM TEACHER**

I, \_\_\_\_\_, performed all duties as outlined below regarding the Kansas Child Health Assessment and Monitoring Project.

Please reimburse the following consultant in the amount indicated:

**EXPENSE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ Telephone No: \_\_\_\_\_

	Total
Consultant Fee	<u>\$40.00</u>

Classroom Teacher duties performed included:

- Distributed the consent form packets for each student to take home
- Collected all returned consent forms and returned them to the site coordinator
- For teachers in grades 6-12, coordinated with the site coordinator on an appropriate schedule for administering the K-CHAMP Survey

I certify that the above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
(Office Director)

\_\_\_\_\_  
Date

# Parent/Guardian Letter

Dear Parent/Guardian,

Our school is participating in a public health study being conducted by the Kansas Department of Health and Environment (KDHE) under the direction of a Principal Investigator from the University of Kansas Medical Center (KUMC). The Kansas Child Health Assessment and Monitoring Project (K-CHAMP) will take place this spring.

K-CHAMP is designed to assess the patterns of diet, physical activity, overweight, and other factors that influence chronic diseases among children and adolescents in Kansas. Information related to health, nutrition, physical activity, and height and weight will be collected. The study is funded by the Sunflower Foundation: Health Care for Kansans, a Topeka-based philanthropic organization with the mission to serve as a catalyst for improving the health of Kansans.

K-CHAMP will include more than 4,000 children from across the state of Kansas. Your child's class has been selected to participate in this study. Involvement in the study is limited. For those children participating in grades K-5, a parent or guardian will complete a survey that will be sent home on questions about your child's attitudes and habits related to nutrition, physical activity, general health, television viewing, perception of academic performance, school attendance, disciplinary history, computer usage, and demographic information. Those students in grades 6 to 12 will complete the same survey themselves but at school in a classroom setting. Children in all grades will spend a few minutes having their height and weight measured in a private, confidential setting by school personnel.

No information identifying your child will be sent outside the school. The school, district and students involved in all aspects of this study will remain anonymous in all publications.

Please review the consent form enclosed with this letter. Please sign and return one copy of the consent form and retain the other copy for your records. All students participating in this study must have a signed parent/guardian consent form returned to the school. Signed consent forms may be returned to the school with the student. If your child is in kindergarten through grade 5, please also complete the enclosed survey and return it with the signed consent form. The classroom teacher will collect all returned materials. Please contact the school with any questions or comments regarding involvement in this study.

Thank You,

# Consent Forms



# K-5 Consent Form

## **Kansas Child Health Assessment and Monitoring Project Kindergarten through Grade Five**

Your student's school is participating in the Kansas Child Health Assessment and Monitoring Project (K-CHAMP), a public health study sponsored by the Kansas Department of Health and Environment (KDHE). Your child, if he or she is seven (7) years of age or older, will be asked to sign an assent form that indicates his/her willingness to participate in the study. In addition, your child will only participate in this study if you sign this consent form. For those who agree, participation in the project will take place during the spring semester of 2005.

### **Purpose of the project:**

K-CHAMP is a public health study designed to assess the patterns of diet, physical activity, overweight, and other factors that influence chronic diseases among children and adolescents in Kansas. Information related to health, nutrition, physical activity, and height and weight will be collected. This project is being conducted by the Kansas Department of Health and Environment (KDHE) under the direction of a Principal Investigator from the University of Kansas Medical Center (KUMC) and is funded by the Sunflower Foundation: Health Care for Kansans, a Topeka-based philanthropic organization with the mission to serve as a catalyst for improving the health of Kansans.

### **Who can participate?**

The study will include a random sampling of schools and students in both public and private schools. Every student in grades k-12 will be eligible for selection. K-CHAMP will select 4,200 students from 150 schools across the state to participate in the project.

### **Procedure:**

During the spring semester of 2005, you will be asked to fill out a short survey with questions about your child's attitudes and habits related to nutrition, physical activity, general health, television viewing, perception of academic performance, school attendance and disciplinary history, and computer usage, and demographic information. This survey will take approximately 20 to 25 minutes to complete. You may skip any question that makes you feel uncomfortable. In addition, appropriate school personnel will measure your child's height and weight in a private and confidential manner. This procedure will take approximately 5 minutes.

### **Confidentiality and Privacy Authorization:**

The information collected in this study will be kept strictly confidential and will only be available to select individuals at your child's school, KDHE, and KUMC. Once the data collection process is complete, all names and individual identifiers will be removed from all study information before being sent to the study team at KDHE and KUMC. Your child's name and all other individual identifiers, including the name of your child's school, will never be used in the publication or other dissemination of study results. The privacy of your child's educational and health information (study information) is protected by federal laws. By signing this consent form, you are giving permission ("authorization") for KUMC/KDHE to use and share the study information of your child for purposes of this study. If you decide not to sign the form, your child cannot be in the study. To do this study, the site coordinator at your child's school needs to collect study information that identifies your child. He/She will collect information from activities described in the Procedures section of this form. Your child's anonymous study information will be used at KDHE and KUMC by D. Charles Hunt, MPH, members of the study team, members of the KDHE Internal Review Board and officials at the University of Kansas Medical Center (KUMC) who oversee research, including members of the KUMC Human Subjects Committee and other committees and offices that review and monitor research studies. Study records might be

reviewed by government officials who oversee research, if a regulatory review takes place. Because identifiers will be removed, your child's study information will not be re-disclosed by outside persons or groups and will not lose its federal privacy protection. Your permission to use and share your child's study information will not expire unless you cancel it.

**Risks:**

There is minimal, if any, risk associated with this study. Each student's involvement in the study consists solely of a parent filling out a survey (for students in kindergarten through grade five) and having his/her height and weight measured. Your child will spend approximately 5 minutes having their height and weight measured in a private, confidential setting.

**Payments to Subjects:**

You and your child will not receive any payments for participation.

**Costs:**

There are no costs associated with participating in the research study.

**Institutional Disclaimer Statement:**

Although the University of Kansas Medical Center does not provide free medical treatment or other forms of compensation to persons injured as a result of participating in research, such compensation may be provided under the terms of the Kansas Tort Claims Act. If you believe your child has been injured as a result of participating in research, you should contact the Office of Legal Counsel, University of Kansas Medical Center, Kansas City, Kansas 66160-7101. You will receive a signed copy of the consent form for your records.

**Participant's Rights:**

Your student's school and the Institutional Review Boards at the University of Kansas Medical Center and the Kansas Department of Health and Environment approved this project. These boards are responsible for making sure the rights and the welfare of each person participating in this study are adequately protected and that informed consent is obtained. If you have any questions after signing this form, you may contact Charles Hunt or his associates at 785-291-3742. If you have any questions about your child's rights as a research subject, you may call 913-588-1240 or write the Human Subjects Committee, G006 Sudler, University of Kansas Medical Center, 3901 Rainbow Boulevard, Kansas City, Kansas 66160-7702.

**Subject Rights and Withdrawal from the study:**

You understand that your child's participation in this study is voluntary and that the choice not to participate or quit at any time can be made without penalty or loss of benefits. You understand that not participating or quitting will have no effect upon the medical care or treatment your child receives now or in the future at KUMC or upon services provided by Kansas Department of Health and Environment. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

You have the right to change your mind about allowing the study team to have access to your child's study information. If you want to cancel permission to use your child's study information, you should inform the site coordinator or teacher at your child's school or send a written request to D. Charles Hunt. The mailing address is D. Charles Hunt, MPH, Suite 230, Curtis State Office Building, 1000 SW Jackson, Topeka, KS 66612-1274. If you cancel permission to use your child's study information, your child will be withdrawn from the study. The study team will stop collecting any additional study

information about your child. The study team may use and share information that was gathered before they received your cancellation.

### **PARENT / GUARDIAN PERMISSION**

---

D. Charles Hunt or his associates have given you information about this public health study.

They have explained what will be done and how long it will take. They explained any inconvenience, discomfort or risks that may be experienced during this study.

You freely and voluntarily consent to your child's participation in this research study. You have read and understand the information in this form and have had an opportunity to ask questions and have them answered. You will be given a signed copy of the consent form to keep for your records.

***(NOTE: If your child is seven (7) years of age or older, please have her/him read and sign the Child Assent Form on the next page. If necessary, please help your child read and understand this form.)***

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Child subject's Name

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Parent's Name (printed)

---

Phone Number

---

Parent's Signature

---

Date

---

### **RESPONSIBLE INVESTIGATOR**

---

Date

---

D. Charles Hunt, MPH

Telephone number: 785-291-3742

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**Kansas Child Health Assessment and Monitoring Project  
CHILD ASSENT**

***Note: This form is to be used for children ages seven (7) years and older.***

My parents have given permission for me to be part of a study about the diet, exercise habits and health of Kansas school kids. If I want to be part of the study, my parent or guardian will need to fill out a survey that will take 20 to 25 minutes. I will also have my weight and height measured in a private setting. If I sign my name to the line it means that I want to be part of the study. I know that I do not have to do it and that I can stop being in the study at any time I want even if I signed the paper. If I want to stop all I need to do is tell my parents, my teacher, or call the investigator at (785) 291-3742. I will be given a copy of this form for my records.

---

Name of Child Subject (printed)

---

Signature of Child Subject

---

Date

---

**RESPONSIBLE INVESTIGATOR**

---

Date

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D. Charles Hunt, MPH

Telephone number: 785-291-3742

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6-12

Consent Form

## **Kansas Child Health Assessment and Monitoring Project Grades 6 - 12**

Your student's school is participating in the Kansas Child Health Assessment and Monitoring Project (K-CHAMP), a public health study sponsored by the Kansas Department of Health and Environment (KDHE). Your child will be asked to sign an assent form that indicates his/her willingness to participate in the study. In addition, your child will only participate in this study if you sign this consent form. For those who agree, participation in the project will take place during the spring semester of 2005.

### **Purpose of the project**

K-CHAMP is a public health study designed to assess the patterns of diet, physical activity, overweight, and other factors that influence chronic diseases among children and adolescents in Kansas. Information related to health, nutrition, physical activity, and height and weight will be collected. This project is being conducted by the Kansas Department of Health and Environment (KDHE) under the direction of a Principal Investigator from the University of Kansas Medical Center (KUMC) and is funded by the Sunflower Foundation: Health Care for Kansans, a Topeka-based philanthropic organization with the mission to serve as a catalyst for improving the health of Kansans.

### **Who can participate?**

The study will include a random sampling of schools and students in both public and private schools. Every student in grades k-12 will be eligible for selection. K-CHAMP will select 4,200 students from 150 schools across the state to participate in the project.

### **Procedure**

During the spring semester of 2005, your child will be asked to fill out a short survey with questions about his/her attitudes and habits related to nutrition, physical activity, general health, television viewing, computer usage, school attendance and disciplinary history, perception of academic performance and demographic information. This survey will take approximately 20 to 25 minutes to complete. Your child may skip any question that could make him/her feel uncomfortable. In addition, appropriate school personnel will measure his/her height and weight in a private and confidential manner. This procedure will take approximately 5 minutes.

### **Confidentiality and Privacy Authorization:**

The information collected in this study will be kept strictly confidential and will only be available to select individuals at your child's school, KDHE, and KUMC. Once the data collection process is complete, all names and individual identifiers will be removed from all study information before being sent to the study team at KDHE and KUMC. Your child's name and all other individual identifiers, including the name of your child's school, will never be used in the publication or other dissemination of study results. The privacy of your child's educational and health information (study information) is protected by federal laws. By signing this consent form, you are giving permission ("authorization") for KUMC/KDHE to use and share the study information of your child for purposes of this study. If you decide not to sign the form, your child cannot be in the study. To do this study, the site coordinator at your child's school needs to collect study information that identifies your child. He/She will collect information from activities described in the Procedures section of this form that relates to study participation. Your child's anonymous study information will be used at KDHE and KUMC by D. Charles Hunt, MPH, members of the study team, members of the KDHE Internal Review Board and officials at the University of Kansas Medical Center (KUMC) who oversee research, including members of the KUMC Human Subjects Committee and other committees and offices that review and monitor research studies. Study records might be reviewed by government officials who oversee research, if a

regulatory review takes place. Because identifiers will be removed, your child's study information will not be re-disclosed by outside persons or groups and will not lose its federal privacy protection. Your permission to use and share your child's study information will not expire unless you cancel it.

**Risks:**

There is minimal, if any, risk associated with this study. Each student's involvement in the study consists solely of filling out a survey and having his/her height and weight measured. Your child will miss 20 to 25 minutes of class time to take the survey and spend approximately 5 minutes having their height and weight measured in a private, confidential setting.

**Payments to Subjects:**

You and your child will not receive any payments for participation.

**Costs:**

There are no costs associated with participating in the public health study.

**Institutional Disclaimer Statement:**

Although the University of Kansas Medical Center does not provide free medical treatment or other forms of compensation to persons injured as a result of participating in research, such compensation may be provided under the terms of the Kansas Tort Claims Act. If you believe your child has been injured as a result of participating in research, you should contact the Office of Legal Counsel, University of Kansas Medical Center, Kansas City, Kansas 66160-7101.

**Participant's Rights:**

Your student's school and the Institutional Review Boards at the University of Kansas Medical Center and the Kansas Department of Health and Environment approved this project. These boards are responsible for making sure the rights and the welfare of each person participating in this study are adequately protected and that informed consent is obtained. If you have any questions after signing this form, you may contact Charles Hunt or his associates at 785-291-3742. If you have any questions about your child's rights as a research subject, you may call 913-588-1240 or write the Human Subjects Committee, G006 Sudler, University of Kansas Medical Center, 3901 Rainbow Boulevard, Kansas City, Kansas 66160-7702. You will receive a signed copy of the consent form for your records.

**Subject Rights and Withdrawal from the study:**

You understand that your child's participation in this study is voluntary and that the choice not to participate or quit at any time can be made without penalty or loss of benefits. You understand that not participating or quitting will have no effect upon the medical care or treatment your child receives now or in the future at KUMC or upon services provided by Kansas Department of Health and Environment. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

You have the right to change your mind about allowing the study team to have access to your child's study information. If you want to cancel permission to use your child's study information, you should inform the site coordinator or teacher at your child's school or send a written request to D. Charles Hunt. The mailing address is D. Charles Hunt, MPH, Suite 230, Curtis State Office Building, 1000 SW Jackson, Topeka, KS 66612-1274. If you cancel permission to use your child's study information, your child will be withdrawn from the study. The study team will stop collecting any additional health information about your child. The research team may use and share information that was gathered before they received your cancellation.



## **PARENT / GUARDIAN PERMISSION**

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D. Charles Hunt or his associates have given you information about this public health study.

They have explained what will be done and how long it will take. They explained any inconvenience, discomfort or risks that may be experienced during this study.

You freely and voluntarily consent to your child's participation in this research study. You have read and understand the information in this form and have had an opportunity to ask questions and have them answered. You will be given a signed copy of the consent form to keep for your records.

(NOTE: Please have your child read and sign the Child Assent Form on the next page. If necessary, please help your child read and understand this form.)

---

Child subject's Name

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Parent's Name (printed)

---

Phone Number

---

Parent's Signature

---

Date

---

## **RESPONSIBLE INVESTIGATOR**

---

Date

---

D. Charles Hunt, MPH

Telephone number: 785-291-3742

---

**Kansas Child Health Assessment and Monitoring Project**  
**Grades 6 - 12**  
**CHILD ASSENT**

My parents have given permission for me to be part of a study about the diet, exercise habits and health of Kansas school kids. If I want to be part of the study, I will need to fill out a survey that will take 20 to 25 minutes. I will also have my weight and height measured in a private setting. If I sign my name to the line it means that I want to be part of the study. I know that I do not have to do it and that I can stop being in the study at any time I want even if I signed the paper. If I want to stop all I need to do is tell my parents, my teacher, or call the investigator at (785) 291-3742. I will be given a copy of this form for my records.

\_\_\_\_\_  
Name of Child Subject (printed)

\_\_\_\_\_  
Signature of Child Subject

\_\_\_\_\_  
Date

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**RESPONSIBLE INVESTIGATOR**

\_\_\_\_\_  
Date

\_\_\_\_\_  
D. Charles Hunt, MPH

Telephone number: 785-291-3742

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# 18 Years & Older Consent Form

## **Kansas Child Health Assessment and Monitoring Project Subjects Ages 18 Years and Older**

Your school is participating in the Kansas Child Health Assessment and Monitoring Project (K-CHAMP), a public health study sponsored by the Kansas Department of Health and Environment (KDHE). Students will participate in the project during the spring semester of 2005.

### **Purpose of the project**

K-CHAMP is a public health study designed to assess the patterns of diet, physical activity, overweight, and other factors that influence chronic diseases among children and adolescents in Kansas. Information related to health, nutrition, physical activity, and height and weight will be collected. This project is being conducted by the Kansas Department of Health and Environment (KDHE) under the direction of a Principal Investigator from the University of Kansas Medical Center (KUMC) and is funded by the Sunflower Foundation: Health Care for Kansans, a Topeka-based philanthropic organization with the mission to serve as a catalyst for improving the health of Kansans.

### **Who can participate?**

The study will include a random sampling of schools and students in both public and private schools. Every student in grades k-12 will be eligible for selection. K-CHAMP will select 4,200 students from 150 schools across the state to participate in the project.

### **Procedure**

During the spring semester of 2005, you will be asked to fill out a short survey with questions about your attitudes and habits related to nutrition, physical activity, general health, television viewing, computer usage, perception of academic performance, school attendance and disciplinary history, and demographic information. This survey will take approximately 20 to 25 minutes to complete. You may skip any question that could make you feel uncomfortable. In addition, appropriate school personnel will measure your height and weight in a private and confidential manner. This procedure will take approximately 5 minutes.

### **Confidentiality and Privacy Authorization:**

The information collected in this study will be kept strictly confidential and will only be available to select individuals at your school, KDHE, and KUMC. Once the data collection process is complete, all names and individual identifiers will be removed from all study information before being sent to the study team at KDHE and KUMC. Your name, and all other individual identifiers, including the name of your school, will never be used in the publication or other dissemination of study results. The privacy of your educational and health information (study information) is protected by federal laws. When you sign this consent form stating that you want to participate, you are giving permission ("authorization") for KUMC/KDHE to use and share the study information for purposes of this public health study. To do this study, the site coordinator at your school needs to collect study information that identifies you. He/She will collect information from activities described in the Procedures section of this form that relates to study participation. Your anonymous study information will be used at KDHE and KUMC by D. Charles Hunt, MPH, members of the study team, members of the KDHE Internal Review Board and officials at the University of Kansas Medical Center (KUMC) who oversee research, including members of the KUMC Human Subjects Committee and other committees and offices that review and monitor research studies. Study records might be reviewed by government officials who oversee research, if a regulatory review takes place. Because identifiers will be removed, your study information will not be re-disclosed by outside persons or groups and will not lose its federal privacy protection. Your permission to use and share your study information will not expire unless you cancel it.

**Risks:**

There is minimal, if any, risk associated with this study. Each student's involvement in the study consists solely of filling out a survey and having their height and weight measured. You will miss 20 to 25 minutes of class time to take the survey and spend approximately 5 minutes having your height and weight measured in a private, confidential setting.

**Payments to Subjects:**

You will not receive any payments for participation.

**Costs:**

There are no costs associated with participating in the public health study.

**Institutional Disclaimer Statement:**

Although the University of Kansas Medical Center does not provide free medical treatment or other forms of compensation to persons injured as a result of participating in research, such compensation may be provided under the terms of the Kansas Tort Claims Act. If you believe you have been injured as a result of participating in research, you should contact the Office of Legal Counsel, University of Kansas Medical Center, Kansas City, Kansas 66160-7101.

**Participant's Rights:**

Your school and the Institutional Review Boards at the University of Kansas Medical Center and the Kansas Department of Health and Environment approved this project. These boards are responsible for making sure the rights and the welfare of each person participating in this study are adequately protected and that informed consent is obtained. If you have any questions after signing this form, you may contact Charles Hunt or his associates at 785-291-3742. If you have any questions about your rights as a research subject, you may call 913-588-1240 or write the Human Subjects Committee, G006 Sudler, University of Kansas Medical Center, 3901 Rainbow Boulevard, Kansas City, Kansas 66160-7702. You will receive a signed copy of the consent form for your records.

**Subject Rights and Withdrawal from the study:**

You understand that your participation in this study is voluntary and that the choice not to participate or quit at any time can be made without penalty or loss of benefits. You understand that not participating or quitting will have no effect upon the medical care or treatment you receive now or in the future at KUMC or upon services provided by Kansas Department of Health and Environment. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

You have the right to change your mind about allowing the study team to have access to your study information. If you want to cancel permission to use your study information, you should inform the site coordinator or teacher at your school or send a written request to D. Charles Hunt. The mailing address is D. Charles Hunt, MPH, Suite 230, Curtis State Office Building, 1000 SW Jackson, Topeka, KS 66612-1274. If you cancel permission to use your study information, you will be withdrawn from the study. The study team will stop collecting any additional health information about you. The research team may use and share information that was gathered before they received your cancellation.

## CONSENT

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D. Charles Hunt or his associates have given you information about this public health study.

They have explained what will be done and how long it will take. They explained any inconvenience, discomfort or risks that may be experienced during this study.

You freely and voluntarily consent to participate in this research study. You have read and understand the information in this form and have had an opportunity to ask questions and have them answered. You will be given a signed copy of the consent form to keep for your records.

---

Subject's Name (printed)

---

Subject's signature

---

Date

---

## RESPONSIBLE INVESTIGATOR

---

Date

---

D. Charles Hunt, MPH

Telephone number: 785-291-3742

---

# K-CHAMP Survey

# K-5 Survey





**Classroom Code:**

--	--	--

**Building Code:**

--	--	--	--

**USD #:**

--	--	--

**PLEASE DO NOT REMOVE THIS FORM**





# Information About Your Child

1. Your child's Date of birth? Example April 10, 1997 =

0	4	/	1	0	/	1	9	9	7
---	---	---	---	---	---	---	---	---	---

		/			/				
--	--	---	--	--	---	--	--	--	--

2. Is your child a: (mark one)

- ☐ Girl
- ☐ Boy

3. Is your child Hispanic or Latino? (mark one)

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

4. How do you describe your child? (mark all that apply)

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White
- ☐ Don't Know / Not Sure
- ☐ Refuse to Answer

5. What is the primary language spoken in your home? (mark one)

- ☐ English
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other
- ☐ Don't know / Not sure
- ☐ Refuse to answer

6. Your child's grade: (mark one)

- ☐ Kindergarten
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ Don't know / Not sure
- ☐ Refuse to answer

7. In school, my child makes: (mark one)

- ☐ Mostly A's
- ☐ Mostly B's
- ☐ Mostly C's
- ☐ Mostly D's
- ☐ Mostly F's
- ☐ Letter grades not given
- ☐ Don't know / Not sure
- ☐ Refuse to Answer

8. What is the highest level of education completed by the child's mother or female guardian? (mark one)

- ☐ Less than high school
- ☐ High school
- ☐ Some college, or associates degree
- ☐ Graduated college
- ☐ Master's degree or above
- ☐ Don't know / Not sure
- ☐ Does not apply

9. What is the highest level of education completed by the child's father or male guardian? (mark one)

- ☐ Less than high school
- ☐ High school
- ☐ Some college, or associates degree
- ☐ Graduated college
- ☐ Master's degree or above
- ☐ Don't know / Not sure
- ☐ Does not apply



## Information About Your Child

10. Does your child get school breakfast or lunch for free or at a reduced cost?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

11. During the current school year, for how many days has your child been suspended from school for disciplinary reasons?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ Don't know / Not sure
- ☐ Refuse to answer

12. During the current school year, how many days has your child received in-school suspension for disciplinary reasons?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ Don't know / Not sure
- ☐ Refuse to answer

13. How tall is your child without his/her shoes on?  
Write his/her height in the shaded blank boxes.  
Fill in the matching oval next to each number.

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

14. How much does your child weigh without his/her shoes on?  
Write his/her weight in the shaded blank boxes. Fill in the matching oval next to each number. If your child weighs less than 100 pounds leave "Column A" blank

Weight		
Pounds		
A.	B.	C.
<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9



## Information About Your Child's Health

15. Would you say that in general your child's health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know / Not sure
- ☐ Refuse to answer

16. How do you describe your child's weight?

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ About the right weight
- ☐ Slightly overweight
- ☐ Very overweight
- ☐ Don't know / Not sure
- ☐ Refuse to answer

17. Which of the following are you trying to do about your child's weight?

- ☐ Lose weight
- ☐ Gain weight
- ☐ Stay the same weight
- ☐ I am not trying to do anything about my child's weight
- ☐ Don't know / Not sure
- ☐ Refuse to answer

18. Have you ever been told by a doctor that your child has diabetes?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Refuse to answer

19. During the current school year, how many days has your child missed school for any reason? Do NOT COUNT school activities (Enter "000" for none)

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20. During the current school years, how many days has your child missed school due to illness? (Enter "000" for none)

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## What Your Child Drinks

21. In the past 7 days how often did your child drink regular pop/soda? Do not include diet pop/soda.

- ☐ He/She did not drink regular pop/soda during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

22. In the past 7 days how often did your child drink diet pop/soda?

- ☐ He/She did not drink diet pop/soda during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer



## What Your Child Drinks

23. In the past 7 days how often did your child drink sweetened drinks such as Hawaiian Punch®, lemonade, Kool-Aid®, Fruitopia®, sweet tea, Sunny D®, Snapple®, or Sports Drinks such as Gatorade® or Powerade® DO NOT COUNT 100% fruit juice.

- ☐ He/She did not drink sweetened drinks during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

24. In the past 7 days how often did your child drink 100 % fruit juices such as orange juice, apple juice, or grape juice? DO NOT COUNT punch, Kool-Aid®, Fruitopia®, sweet tea, Sunny D®, Snapple® or sports drinks such as Gatorade® or Powerade®

- ☐ He/she did not drink 100% fruit juice during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

25. In the past 7 days how often did your child drink white milk? Include the milk they drank in a glass, bottle and carton or with cereal.

- ☐ He/She did not drink white milk during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer

26. In the past 7 days how often did your child drink chocolate milk or other flavored milk like strawberry or vanilla? Include the milk they drank in a glass, bottle or carton

- ☐ He/She did not drink flavored milk during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer

27. What TYPE of WHITE milk does your child usually use?

- ☐ He/She does not drink white milk
- ☐ Whole milk
- ☐ 2% milk
- ☐ 1% milk
- ☐ Skim/non-fat milk
- ☐ Soy milk
- ☐ Lactaid
- ☐ Don't know/Not sure
- ☐ Refuse to answer

28. In the past 7 days how often did your child drink water?

- ☐ He/She did not drink water during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer



## What Your Child Eats

Think about the past 7 DAYS and all the meals and snacks your child has had from the time he/she got up until he/she went to bed. Be sure to include food your child ate at home, at school, at restaurants, or anywhere else.

*Remember: Please mark ONE answer for each question in this section.*

---

29. During the past 7 days, how often did your child eat fruit? Include fresh fruit, fruit salad, raisins, apricots or other dried fruits. DO NOT COUNT fruit juice, punch, lemonade, Gatorade® or Sunny Delight®.

- ☐ He/She did not eat fruit during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not Sure
- ☐ Refuse to answer

30. During the past 7 days, how often did your child eat vegetables? Include carrots or other fresh vegetables, raw or cooked vegetables, green salad or potatoes. DO NOT COUNT French fries or potato chips.

- ☐ He/She did not eat vegetables during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not Sure
- ☐ Refuse to answer

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31. During the past 7 days, how often did your child eat French fries or fried potatoes?

- ☐ He/She did not eat French Fries or fried potatoes during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

32. During the past 7 days, how many food or drink items did your child buy from vending machines in his/her school?

- ☐ There are no vending machines in his/her school
  - ☐ His/Her school has vending machines, but she/he did not use one in the past 7 days
  - ☐ 1 to 3 items in the past 7 days
  - ☐ 4 to 6 items in the past 7 days
  - ☐ 7 or more items in the past 7 days
  - ☐ Don't know/Not sure
  - ☐ Refuse to answer
-



## What Your Child Eats

---

33. During the past 7 days, which of the following did your child buy from a school vending machine? (*Mark all that apply*)

- ☐ There are no vending machines in his/her school
- ☐ His/her school has vending machines, but he/she did not use one in the past 7 days
- ☐ Diet beverages (pop/soda, tea, etc.)
- ☐ Regular pop/soda
- ☐ Sweetened drinks other than pop/soda (like Fruitopia®, Snapple®, Iced tea, Sunny D® or sports drinks such as Gatorade®, Powerade®)
- ☐ Water
- ☐ 100% Fruit juice or fruit
- ☐ Salty snacks, NOT low fat (like Doritos®, Fritos®, Potato Chips)
- ☐ Candy of any kind
- ☐ Cookies, brownies, snack cakes and granola bars
- ☐ Ice Cream
- ☐ Other
- ☐ Don't know/Not sure
- ☐ Refuse to answer

34. In the past 7 days, how many times did your child eat at a restaurant such as McDonald's, Pizza Hut or other pizza place, Burger King, Wendy's, Dairy Queen and so on...?

- ☐ Did NOT eat at a restaurant in the past 7 days
- ☐ 1 time in the past 7 days
- ☐ 2 to 3 times in the past 7 days
- ☐ 4 to 6 times in the past 7 days
- ☐ 7 or more times in the past 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer

35. Overall, when you think about the foods your child ate over the past 12 months, would you say his/her diet was low, medium or high in fat?

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Don't know / Not sure
- ☐ Refuse to answer

36. How often does your child sit down with other members of your family to eat a meal?

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

---

**Please Proceed to the next section**



## *How Your Child Spends His/Her Time*

*Remember: Please mark ONE answer for each question in this section.*

---

37. Is there a television in the room where your child sleeps?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

38. Please select the sentence that best describes how much TV your child can watch:

- ☐ He/She can watch as much TV as they want
  - ☐ I or other adults I live with sometimes limit how much he/she may watch
  - ☐ I or other adults I live with always limit how much TV he/she may watch
  - ☐ Don't know / Not sure
  - ☐ Refuse to Answer
- 

39. Do you have rules about which television programs or movies your child is allowed to watch?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Refuse to answer

40. During a typical school week (Monday-Friday), how many hours does your child watch TV?

- ☐ He/She does not watch TV during a typical school week
  - ☐ Some but less than 5 hours per week
  - ☐ 5 hours to less than 10 hours per week
  - ☐ 10 to less than 15 hours per week
  - ☐ 15 to less than 20 hours per week
  - ☐ 20 to less than 25 hours per week
  - ☐ 25 to less than 30 hours per week
  - ☐ 30 hours or more per week
  - ☐ Don't know / Not sure
  - ☐ Refuse to answer
- 

41. During a typical school week (Monday-Friday), how many hours does your child spend watching video tapes or DVDs?

- ☐ He/She does not watch video tapes or DVDs during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

42. During a typical school week (Monday-Friday), how many hours does your child spend using the Internet for fun (like for shopping or email)?

- ☐ He/She does not use the internet during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer





## How Your Child Spends His/Her Time

Remember: Please mark ONE answer for each question in this section.

43. During a typical school week (Monday-Friday), how many hours does your child spend playing interactive electronic games (computer games, Nintendo®, PlayStation®, GameBoy® or any similar system)?

- ☐ He/She does not play interactive electronic games during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

44. During a typical school week (Monday-Friday), how many hours does your child spend doing homework or reading?

- ☐ He/She does not do homework or read during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

45. During a typical weekend (Saturday-Sunday), how many hours does your child watch TV?

- ☐ He/She does not watch TV during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

46. During a typical weekend (Saturday-Sunday), how many hours does your child spend watching video tapes or DVDs?

- ☐ He/She does not watch video tapes or DVDs during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

47. During a typical weekend (Saturday-Sunday), how many hours does your child spend doing homework or reading?

- ☐ He/She does not do homework or read during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

48. During a typical weekend (Saturday-Sunday), how many hours does your child spend playing interactive electronic games (computer games, Nintendo®, PlayStation®, GameBoy® or any similar system)?

- ☐ He/She does not play interactive electronic games during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer



## *How Your Child Spends His/Her Time*

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49. During a typical weekend (Saturday-Sunday), how many hours does your child spend using the Internet for fun (like for shopping or email)?

- ☐ He/She does not use the internet during a typical weekend
  - ☐ Some but less than 5 hours per weekend
  - ☐ 5 hours to less than 10 hours per weekend
  - ☐ 10 to less than 15 hours per weekend
  - ☐ 15 to less than 20 hours per weekend
  - ☐ 20 to less than 25 hours per weekend
  - ☐ 25 to less than 30 hours per weekend
  - ☐ 30 hours or more per weekend
  - ☐ Don't know / Not sure
  - ☐ Refuse to answer
- 

## *Physical Activity*

**Physical Activity** is any activity that increases your heart rate and makes you get out of breath some of the time.

**Physical Activity** can be done in sports, playing with friends, or walking to school.

Some examples of **physical activity** are running, brisk walking, rollerblading, biking, skateboarding, dancing, swimming, soccer, basketball, football, volleyball and surfing.

---

For the following two questions (50, 51) add up all the time your child spends in physical activity each day (DO NOT INCLUDE physical education or gym class).

50. Over the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer

51. Over a typical or usual week, on how many days was your child physically active for a total of at least 60 minutes per day?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer



# Physical Activity

Remember: Please mark ONE answer for each question in this section.

52. In typical or usual week when your child is in school, on how many days does he/she go to physical education (PE) classes?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ Don't Know / Not sure
- ☐ Refuse to Answer

53. During a typical or usual physical education (PE) class, how many minutes does your child spend actually exercising or playing sports?

- ☐ My child does not take PE
- ☐ Less than 10 minutes
- ☐ 10 to 20 minutes
- ☐ 21 to 30 minutes
- ☐ 31 to 40 minutes
- ☐ 41 to 50 minutes
- ☐ 51 to 60 minutes
- ☐ More than 60 minutes

54. When weather permits, on how many days per week does your child usually walk to school?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

55. When weather permits, on how many days per week does your child usually ride a bicycle to school?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

56. Has your child been on any sports teams during the past year at school or outside of school? (Mark either yes or no for each item in both columns.)

Sports Teams at School	No	Yes	Sports Teams Outside of School	No	Yes
a. Baseball or Softball	<input type="radio"/>	<input type="radio"/>	a. Baseball or Softball	<input type="radio"/>	<input type="radio"/>
b. Basketball	<input type="radio"/>	<input type="radio"/>	b. Basketball	<input type="radio"/>	<input type="radio"/>
c. Cheerleading	<input type="radio"/>	<input type="radio"/>	c. Cheerleading	<input type="radio"/>	<input type="radio"/>
d. Football	<input type="radio"/>	<input type="radio"/>	d. Football	<input type="radio"/>	<input type="radio"/>
e. Golf	<input type="radio"/>	<input type="radio"/>	e. Golf	<input type="radio"/>	<input type="radio"/>
f. Ice, Field, Roller Hockey	<input type="radio"/>	<input type="radio"/>	f. Ice, Field, Roller Hockey	<input type="radio"/>	<input type="radio"/>
g. Soccer	<input type="radio"/>	<input type="radio"/>	g. Soccer	<input type="radio"/>	<input type="radio"/>
h. Swimming	<input type="radio"/>	<input type="radio"/>	h. Swimming	<input type="radio"/>	<input type="radio"/>
i. Tennis	<input type="radio"/>	<input type="radio"/>	i. Tennis	<input type="radio"/>	<input type="radio"/>
j. Track and Field	<input type="radio"/>	<input type="radio"/>	j. Track and Field	<input type="radio"/>	<input type="radio"/>
k. Volleyball	<input type="radio"/>	<input type="radio"/>	k. Volleyball	<input type="radio"/>	<input type="radio"/>
l. Gymnastics	<input type="radio"/>	<input type="radio"/>	l. Gymnastics	<input type="radio"/>	<input type="radio"/>
m. Wrestling	<input type="radio"/>	<input type="radio"/>	m. Wrestling	<input type="radio"/>	<input type="radio"/>
n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>	n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>



## *Physical Activity*

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57. Has your child taken any classes, lessons, or special programs during the past year (outside of school only)?  
(Mark either yes or no for each item.)

---

	No	Yes
a. Dance (ballet, jazz, modern)	<input type="radio"/>	<input type="radio"/>
b. Aerobics	<input type="radio"/>	<input type="radio"/>
c. Figure Skating	<input type="radio"/>	<input type="radio"/>
d. Gymnastics	<input type="radio"/>	<input type="radio"/>
e. Martial Arts	<input type="radio"/>	<input type="radio"/>
f. Skiing	<input type="radio"/>	<input type="radio"/>
g. Swimming	<input type="radio"/>	<input type="radio"/>
h. Tennis	<input type="radio"/>	<input type="radio"/>
n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>

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**Thank You For Completing This Survey!**



## K-CHAMP Data Form

### ANTHROPOMETRY DATA FORM

Kansas Department of Health & Environment

Spring 2005

**Directions:** To keep the measurements standardized, please adhere to the CDC guidelines outlined in the protocol provided in your packet. Important steps to remember prior to measuring height and weight include: 1. have students remove their shoes. 2. have students remove heavy outer clothing (such as sweaters, jackets and vests) 3. have students remove hair ornaments, buns, (if possible) anything that could interfere with achieving an accurate measurement. Remember, when measuring height and weight make sure the headpiece fits snugly against the crown of the head. Please document any problems you experience when measuring height and/or weight in the space provided below.

**Height:** Please take two measurements of the student's height using either the English Formula or Metric Formula. The repeat measurement should agree within 1/4 inch English or 1 cm Metric. If the second measurement does not agree within 1/4 inch or 1 cm, please take a third reading. The measurement should be recorded to the *nearest 1/8 inch when using the English Formula and 0.1 cm if you choose to use the Metric Formula*. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

<input type="radio"/> English: (record in inches)	<b>1st Reading</b>	<b>2nd Reading</b>	<b>3rd Reading (if needed)</b>
or	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.
<input type="radio"/> Metric (record in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm

**Weight:** Please take two measurements of the student's weight using *either the English Formula or Metric Formula*. The measurements should be recorded to the nearest 1/4 pound for English or 0.1 kg for Metric. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

<input type="radio"/> English: (record in inches)	<b>1st Reading</b>	<b>2nd Reading</b>
or	<input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs.	<input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs.
<input type="radio"/> Metric (record in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg

Height & Weight Interference: Please indicate if there were any problems with retrieving an accurate height and/or weight measurement.

☐ Wearing bulky or heavy clothing, cast/splint, leg braces

☐ Other (please specify) \_\_\_\_\_  
(student in wheelchair, pregnancy, etc.)

Form Completed by:

Initials (first, middle, last)

Today's Date:

 /  /

# 6-12 Survey



**Classroom Code:**

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**Building Code:**

--	--	--	--

**USD #:**

--	--	--

**PLEASE DO NOT REMOVE THIS FORM**





# Information About You

1. What is your Date of birth? Example April 10, 1991=

		/			/				
--	--	---	--	--	---	--	--	--	--

0	4	/	1	0	/	1	9	9	1
---	---	---	---	---	---	---	---	---	---

2. Are you a: (mark one)

- ☐ Girl
- ☐ Boy

3. Are you Hispanic or Latino? (mark one)

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

4. How do you describe yourself? (mark all that apply)

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White
- ☐ Don't Know / Not Sure
- ☐ Refuse to Answer

5. What is the primary language spoken in your home? (mark one)

- ☐ English
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other
- ☐ Don't know / Not sure
- ☐ Refuse to answer

6. Your grade: (mark one)

- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ Don't know / Not sure
- ☐ Refuse to answer

7. In school, I make: (mark one)

- ☐ Mostly A's
- ☐ Mostly B's
- ☐ Mostly C's
- ☐ Mostly D's
- ☐ Mostly F's
- ☐ Letter grades not given
- ☐ Don't know / Not sure
- ☐ Refuse to Answer

8. What is the highest level of education completed by your mother or female guardian? (mark one)

- ☐ Less than high school
- ☐ High school
- ☐ Some college, or associates degree
- ☐ Graduated college
- ☐ Master's degree or above
- ☐ Don't know / Not sure
- ☐ Does not apply

9. What is the highest level of education completed by your father or male guardian? (mark one)

- ☐ Less than high school
- ☐ High school
- ☐ Some college, or associates degree
- ☐ Graduated college
- ☐ Master's degree or above
- ☐ Don't know / Not sure
- ☐ Does not apply





## Information About You

10. Do you get school breakfast or lunch for free or at a reduced cost?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

11. During the current school year, for how many days have you been suspended from school for disciplinary reasons?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ Don't know / Not sure
- ☐ Refuse to answer

12. During the current school year, how many days have you received in-school suspension for disciplinary reasons?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ Don't know / Not sure
- ☐ Refuse to answer

13. How tall are you without your shoes on?  
Write your height in the shaded blank boxes.  
Fill in the matching oval next to each number.

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

14. How much do you weigh without your shoes on?  
Write your weight in the shaded blank boxes. Fill in the  
matching oval next to each number. If you weigh less than  
100 pounds leave "Column A" blank

Weight		
Pounds		
A.	B.	C.
<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9



## Information About You

15. How many hours during the school week do you currently work at a job or business? (Enter "00" for none)

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16. How many hours on the weekend do you currently work at a job or business? (Enter "00" for none)

--	--

## Information About Your Health

17. Would you say that in general your health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know / Not sure
- ☐ Refuse to answer

18. How do you describe your weight?

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ About the right weight
- ☐ Slightly overweight
- ☐ Very overweight
- ☐ Don't know / Not sure
- ☐ Refuse to answer

19. Which of the following are you trying to do about your weight?

- ☐ Lose weight
- ☐ Gain weight
- ☐ Stay the same weight
- ☐ I am not trying to do anything about my weight
- ☐ Don't know / Not sure
- ☐ Refuse to answer

20. Have you ever been told by a doctor that you have diabetes?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Refuse to answer

21. During the current school year, how many days have you missed school for any reason? Do NOT COUNT school activities. (Enter "000" for none)

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22. During the current school year, how many days have you missed school due to illness? (Enter "000" for none)

--	--	--

**Please Proceed to the next section**



## What You Drink

23. In the past 7 days how often did you drink regular pop/soda? DO NOT INCLUDE diet pop/soda.

- ☐ I did not drink regular pop/soda during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

24. In the past 7 days how often did you drink diet pop/soda?

- ☐ I did not drink diet pop/soda during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

25. In the past 7 days how often did you drink sweetened drinks such as Hawaiian Punch®, lemonade, Kool-Aid®, Fruitopia®, sweet tea, Sunny D®, Snapple®, or sports drinks such as Gatorade® or Powerade® DO NOT COUNT 100% fruit juice.

- ☐ I did not drink sweetened drinks during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

26. In the past 7 days how often did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? DO NOT COUNT punch, Kool-Aid®, Fruitopia®, sweet tea, Sunny D®, Snapple® or sports drinks such as Gatorade® or Powerade®.

- ☐ I did not drink 100% fruit juice during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

27. In the past 7 days how often did you drink white milk? Include the milk you drank in a glass, bottle and carton or with cereal.

- ☐ I did not drink white milk during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer

28. In the past 7 days how often did you drink chocolate milk or other flavored milk like strawberry or vanilla? Include the milk you drank in a glass, bottle or carton

- ☐ I did not drink flavored milk during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer



## What You Drink

29. What TYPE of WHITE milk do you usually use?

- ☐ I do not drink white milk
- ☐ Whole milk
- ☐ 2% milk
- ☐ 1% milk
- ☐ Skim/non-fat milk
- ☐ Soy milk
- ☐ Lactaid
- ☐ Don't know/Not sure
- ☐ Refuse to answer

30. In the past 7 days how often did you drink water?

- ☐ I did not drink water during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer

## What You Eat

Think about the past 7 DAYS and all the meals and snacks you've had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

*Remember: Please mark ONE answer for each question in this section.*

31. During the past 7 days, how often did you eat fruit?  
Include fresh fruit, fruit salad, raisins, apricots or other dried fruits. DO NOT COUNT fruit juice, punch, lemonade, Gatorade® or Sunny Delight®.

- ☐ I did not eat fruit during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not Sure
- ☐ Refuse to answer

32. During the past 7 days, how often did you eat vegetables?  
Include carrots or other fresh vegetables, raw or cooked vegetables, green salad or potatoes. DO NOT COUNT French fries or potato chips.

- ☐ I did not eat vegetables during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not Sure
- ☐ Refuse to answer

33. During the past 7 days, how often did you eat French fries or fried potatoes?

- ☐ I did not eat French Fries or fried potatoes during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

34. During the past 7 days, how many food or drink items did you buy from vending machines in your school?

- ☐ There are no vending machines in my school
- ☐ My school has vending machines, but I did not use one in the past 7 days
- ☐ 1 to 3 items in the past 7 days
- ☐ 4 to 6 items in the past 7 days
- ☐ 7 or more items in the past 7 days
- ☐ Don't know/Not sure
- ☐ Refuse to answer



## What You Eat

---

35. During the past 7 days, which of the following did you buy from a school vending machine? (*Mark all that apply*)

- ☐ There are no vending machines in my school
- ☐ My school has vending machines, but I did not use one in the past 7 days
- ☐ Diet beverages (pop/soda, tea, etc.)
- ☐ Regular pop/soda
- ☐ Sweetened drinks other than pop/soda (like Fruitopia®, Snapple®, Iced tea, Sunny D® or sports drinks such as Gatorade®, Powerade®)
- ☐ Water
- ☐ 100% Fruit juice or fruit
- ☐ Salty snacks, NOT low fat (like Doritos®, Fritos®, Potato Chips)
- ☐ Candy of any kind
- ☐ Cookies, brownies, snack cakes and granola bars
- ☐ Ice Cream
- ☐ Other
- ☐ Don't know/Not sure
- ☐ Refuse to answer

36. In the past 7 days, how many times did you eat at a restaurant such as McDonald's, Pizza Hut or other pizza place, Burger King, Wendy's, Dairy Queen and so on...?

- ☐ Did NOT eat at a restaurant in the past 7 days
- ☐ 1 time in the past 7 days
- ☐ 2 to 3 times in the past 7 days
- ☐ 4 to 6 times in the past 7 days
- ☐ 7 or more times in the past 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer

---

37. Overall, when you think about the foods you ate over the past 12 months, would you say your diet was low, medium or high in fat?

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Don't know / Not sure
- ☐ Refuse to answer

38. How often do you sit down with other members of your family to eat a meal?

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

---

**Please Proceed to the next section**



## *How You Spend Your Time*

*Remember: Please mark ONE answer for each question in this section.*

---

39. Is there a television in the room where you sleep?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

40. Please select the sentence that best describes how much TV you are allowed to watch:

- ☐ I can watch as much TV as I want
  - ☐ My parents or other adults I live with sometimes limit how much TV I may watch
  - ☐ My parents or other adults I live with always limit how much TV I may watch
  - ☐ Don't know / Not sure
  - ☐ Refuse to Answer
- 

41. Do your parents/guardians have rules about which television programs or movies you are allowed to watch?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Refuse to answer

42. During a typical school week (Monday-Friday), how many hours do you watch TV?

- ☐ I do not watch TV during a typical school week
  - ☐ Some but less than 5 hours per week
  - ☐ 5 hours to less than 10 hours per week
  - ☐ 10 to less than 15 hours per week
  - ☐ 15 to less than 20 hours per week
  - ☐ 20 to less than 25 hours per week
  - ☐ 25 to less than 30 hours per week
  - ☐ 30 hours or more per week
  - ☐ Don't know / Not sure
  - ☐ Refuse to answer
- 

43. During a typical school week (Monday-Friday), how many hours do you spend watching video tapes or DVDs?

- ☐ I do not watch video tapes or DVDs during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

44. During a typical school week (Monday-Friday), how many hours do you spend using the Internet for fun (like for shopping or email)?

- ☐ I do not use the Internet during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer



# How You Spend Your Time

*Remember: Please mark ONE answer for each question in this section.*

45. During a typical school week (Monday-Friday), how many hours do you spend playing interactive electronic games (computer games, Nintendo®, PlayStation®, GameBoy® or any similar system)?

- ☐ I do not play interactive electronic games during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

46. During a typical school week (Monday-Friday), how many hours do you spend doing homework or reading?

- ☐ I do not do homework or read during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

47. During a typical weekend (Saturday-Sunday), how many hours do you watch TV?

- ☐ I do not watch TV during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

48. During a typical weekend (Saturday-Sunday), how many hours do you spend watching video tapes or DVDs?

- ☐ I do not watch video tapes or DVDs during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

49. During a typical weekend (Saturday-Sunday), how many hours do you spend doing homework or reading?

- ☐ I do not do homework or read during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

50. During a typical weekend (Saturday-Sunday), how many hours do you spend playing interactive electronic games (computer games, Nintendo®, PlayStation®, GameBoy® or any similar system)?

- ☐ I do not play interactive electronic games during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer



## *How You Spend Your Time*

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51. During a typical weekend (Saturday-Sunday), how many hours do you spend using the Internet for fun (like for shopping or email)?

- ☐ I do not use the Internet during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

---

## *Physical Activity*

**Physical Activity** is any activity that increases your heart rate and makes you get out of breath some of the time.

**Physical Activity** can be done in sports, playing with friends, or walking to school.

Some examples of **physical activity** are running, brisk walking, rollerblading, biking, skateboarding, dancing, swimming, soccer, basketball, football, volleyball and surfing.

---

For the following two questions (52,53) add up all the time you spend in physical activity each day (don't include physical education or gym class).

52. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer

53. Over a typical or usual week, on how many days were you physically active for a total of at least 60 minutes per day?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer





# Physical Activity

Remember: Please mark ONE answer for each question in this section.

54. In a typical or usual week when you are in school, on how many days do you go to physical education (PE) classes?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

55. During a typical or usual physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- ☐ I do not take PE
- ☐ Less than 10 minutes
- ☐ 10 to 20 minutes
- ☐ 21 to 30 minutes
- ☐ 31 to 40 minutes
- ☐ 41 to 50 minutes
- ☐ 51 to 60 minutes
- ☐ More than 60 minutes

56. When weather permits, on how many days per week do you usually walk to school?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

57. When weather permits, on how many days per week do you usually ride a bicycle to school?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

58. Have you been on any sports teams during the past year at school or outside of school?  
(Mark either yes or no for each item in both columns.)

Sports Teams at School	No	Yes	Sports Teams Outside of School	No	Yes
a. Baseball or Softball	<input type="radio"/>	<input type="radio"/>	a. Baseball or Softball	<input type="radio"/>	<input type="radio"/>
b. Basketball	<input type="radio"/>	<input type="radio"/>	b. Basketball	<input type="radio"/>	<input type="radio"/>
c. Cheerleading	<input type="radio"/>	<input type="radio"/>	c. Cheerleading	<input type="radio"/>	<input type="radio"/>
d. Football	<input type="radio"/>	<input type="radio"/>	d. Football	<input type="radio"/>	<input type="radio"/>
e. Golf	<input type="radio"/>	<input type="radio"/>	e. Golf	<input type="radio"/>	<input type="radio"/>
f. Ice, Field, Roller Hockey	<input type="radio"/>	<input type="radio"/>	f. Ice, Field, Roller Hockey	<input type="radio"/>	<input type="radio"/>
g. Soccer	<input type="radio"/>	<input type="radio"/>	g. Soccer	<input type="radio"/>	<input type="radio"/>
h. Swimming	<input type="radio"/>	<input type="radio"/>	h. Swimming	<input type="radio"/>	<input type="radio"/>
i. Tennis	<input type="radio"/>	<input type="radio"/>	i. Tennis	<input type="radio"/>	<input type="radio"/>
j. Track and Field	<input type="radio"/>	<input type="radio"/>	j. Track and Field	<input type="radio"/>	<input type="radio"/>
k. Volleyball	<input type="radio"/>	<input type="radio"/>	k. Volleyball	<input type="radio"/>	<input type="radio"/>
l. Gymnastics	<input type="radio"/>	<input type="radio"/>	l. Gymnastics	<input type="radio"/>	<input type="radio"/>
m. Wrestling	<input type="radio"/>	<input type="radio"/>	m. Wrestling	<input type="radio"/>	<input type="radio"/>
n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>	n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>



## *Physical Activity*

59. Have you taken any classes, lessons, or special programs during the past year (outside of school only)?  
(Mark either yes or no for each item.)

	No	Yes
a. Dance (ballet, jazz, modern)	<input type="radio"/>	<input type="radio"/>
b. Aerobics	<input type="radio"/>	<input type="radio"/>
c. Figure Skating	<input type="radio"/>	<input type="radio"/>
d. Gymnastics	<input type="radio"/>	<input type="radio"/>
e. Martial Arts	<input type="radio"/>	<input type="radio"/>
f. Skiing	<input type="radio"/>	<input type="radio"/>
g. Swimming	<input type="radio"/>	<input type="radio"/>
h. Tennis	<input type="radio"/>	<input type="radio"/>
n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>

**Thank You For Completing This Survey!**



# K-CHAMP Data Form

## ANTHROPOMETRY DATA FORM

Kansas Department of Health & Environment

Spring 2005

**Directions:** To keep the measurements standardized, please adhere to the CDC guidelines outlined in the protocol provided in your packet. Important steps to remember prior to measuring height and weight include: 1. have students remove their shoes. 2. have students remove heavy outer clothing (such as sweaters, jackets and vests) 3. have students remove hair ornaments, buns, (if possible) anything that could interfere with achieving an accurate measurement. Remember, when measuring height and weight make sure the headpiece fits snugly against the crown of the head. Please document any problems you experience when measuring height and/or weight in the space provided below.

**Height:** Please take two measurements of the student's height using either the *English Formula or Metric Formula*. The repeat measurement should agree within 1/4 inch English or 1 cm Metric. If the second measurement does not agree within 1/4 inch or 1 cm, please take a third reading. The measurement should be recorded to the *nearest 1/8 inch when using the English Formula and 0.1 cm if you choose to use the Metric Formula*. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

<input type="radio"/> English: (record in inches)	<b>1st Reading</b>	<b>2nd Reading</b>	<b>3rd Reading (if needed)</b>
or	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.
<input type="radio"/> Metric (record in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm

**Weight:** Please take two measurements of the student's weight using *either the English Formula or Metric Formula*. The measurements should be recorded to the nearest 1/4 pound for English or 0.1 kg for Metric. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

<input type="radio"/> English: (record in inches)	<b>1st Reading</b>	<b>2nd Reading</b>
or	<input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs.	<input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs.
<input type="radio"/> Metric (record in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg

Height & Weight Interference: Please indicate if there were any problems with retrieving an accurate height and/or weight measurement.

☐ Wearing bulky or heavy clothing, cast/splint, leg braces

☐ Other (please specify) \_\_\_\_\_  
(student in wheelchair, pregnancy, etc.)

Form Completed by:

Initials (first, middle, last)

Today's Date:

 /  /

# Height & Weight Training & Protocol

# New Approaches to Weighing and Measuring Children and Adolescents

- New CDC 2000 Pediatric Growth Charts and Reference Curves (based on new ref. population)
- New reference index – body mass index (BMI)
- New techniques and training tools
  - Focus on standard procedure, promote accurate and comparable measurement values
- Equipment standards and recommendations

### Body Mass Index (BMI)

- Anthropometric index of weight and height

$$\text{BMI} = \text{weight (kg)} / \text{height (m)}^2$$

- Commonly accepted index for classifying adiposity in adults – also recommended for use with children and adolescents
- Screening tool – identifies individuals as
  - overweight
  - underweight

### Recommended BMI-for-age Cutoffs

- Overweight  $> 95^{\text{th}}$  percentile
- Risk of overweight  $85^{\text{th}}$  to  $<95^{\text{th}}$  percentile
- Underweight  $< 5^{\text{th}}$  percentile

### BMI (continued)

#### BMI curve

- Shows age-related changes in growth
- Can be used up to age 20
- Stature and age of child considered

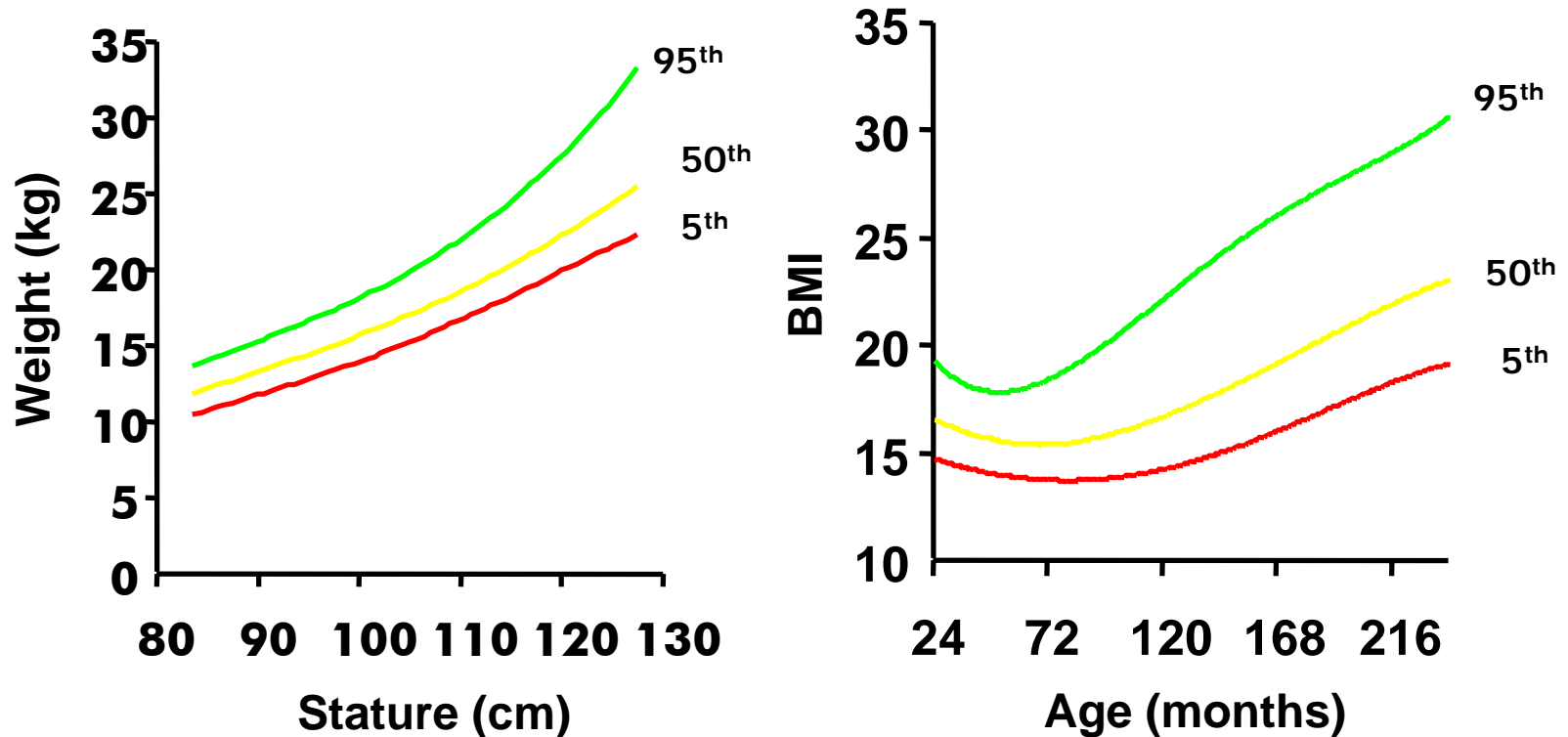
#### Weight for stature curve

- How weight increases in relation to stature
- 1977 weight-for-stature charts limited to prepubescent boys less than 11.5 years of age and less than 145 cm
- Prepubescent girls less than 10 years of age and 137 cm
- Only height and weight considered



## K-CHAMP Height & Weight Information

### Shape of Growth Curves: Weight-for-Stature versus BMI-for-Age



The weight-for-stature chart shows how weight increases in relation to stature as a child gets older but is limited to the prepubescent period. The BMI-for-age chart shows age-related changes in growth; we consider weight, stature and age for a child, whereas with the weight-for-stature chart, only weight and height are used.

## K-CHAMP Height & Weight Information

### How to Calculate Body Mass Index (BMI)

#### English Formula:

BMI =

$$[\text{Weight in pounds} \div \text{Height in inches} \div \text{Height in inches}] \times 703$$

Fractions and ounces must be entered as decimal values.

$$1/8 = .125, 1/4 = .25, 3/8 = .375, 1/2 = .5, 5/8 = .625 \text{ etc.}$$

#### Metric Formula:

BMI =

$$\text{Weight in kilograms} \div [\text{Height in meters}]^2$$

OR

BMI =

$$[\text{Weight in kilograms} \div \text{Height in cm} \div \text{Height in cm}] \times 10,000$$

### Measurement Factors

- Accuracy

The degree to which an individual's measurement value corresponds to his or her actual weight or stature

- Reliability

Successive measurements of the same child agree within specified limits

### Accuracy is Important !

- Measurements used for clinical assessment
- Measurements used to determine Body Mass Index (BMI)
- Used to monitor growth over time (pattern of growth)
- Monitor nutritional status
- Detect growth abnormalities

### Technique is Important!

- **Appropriate**

For type of equipment and circumstance

- **Standardized**

To ensure comparability

- longitudinal/successive measurements
- with others of same age and sex

# Type of Anthropometric Measurement Errors

- Measuring instrument errors
- Procedures/techniques
- Reading errors
- Recording errors

### Equipment - Scales

#### **Cheap scales**

- Initial savings
- Easily broken
- Lose accuracy
- Cannot be standardized

#### **Costlier scales**

- Initial investment
- Durable – long-lasting
- Retains accuracy
- Can be standardized
- Warranty
- Cheaper over time

# What is calibration?

“The process of checking accuracy of equipment, such as a scale by use of a known set of weights (standard weights), or instruments that measure height, by bars of known length.”



### **Recommended Scales**

- Use balance beam or electronic scale to weigh and measure children and adolescents
- No bathroom scales (spring-type scale)

### Qualities of an Accurate Scale

- Quality beam balance or electronic
- Weighs in 0.1 kg (100 gm) or 1/4 lb increments
- Stable weighing platform
- Can be easily ‘zeroed’
- Can be standardized

### Equipment – Stadiometers

(used to measure height)

#### **Types --Fixed to wall or Portable**

- The stadiometer should be able to read to 0.1 cm or 1/8 in.
- No tapes, yardsticks, or graphics attached to wall
- Must be stable – have large base
- Horizontal headpiece at least 3 inches wide that can be brought into contact with the most superior part of the head

## Weight - Procedure

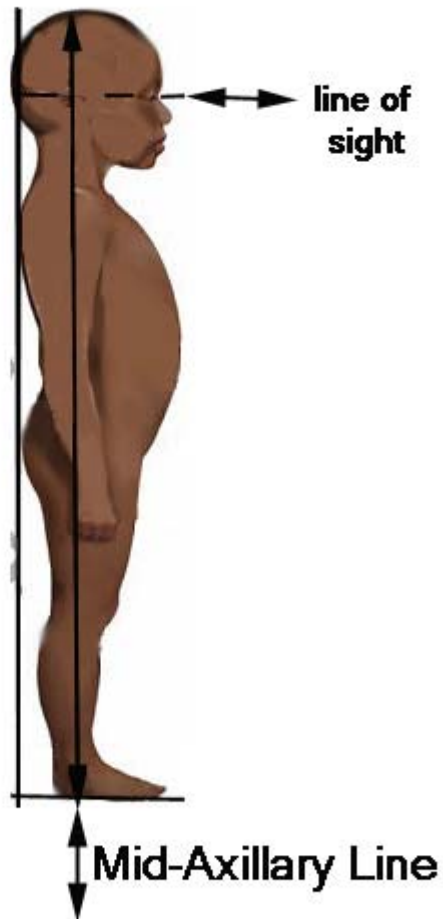
- Child removes shoes
- Child removes heavy outer clothing, such as sweater, jacket, vest
- Scale set at zero reading
- Scale on firm surface, preferably uncarpeted floor
- Child steps on platform, both feet on platform, stays still
- Read weight value to nearest  $\frac{1}{4}$  pound or .1 ( $\frac{1}{10}$ ) kilogram
- Record weight immediately on form before child gets off scale
- If using balance beam scale, return weights to zero position

# K-CHAMP Height & Weight Protocol

## Stature - Procedure

- Child removes shoes
- Child removes hair ornaments, buns, braids to extent possible
- Child stands on footplate portion with back against stadiometer rule
- Bring legs together, contact at some point (whatever touches first)
- Knees not bent, arms at sides, shoulders relaxed
- Back of body touches/has contact with stadiometer at some point
- Body in straight line (mid-axillary line parallel to stadiometer)
- Head in appropriate position – check Frankfort plane
- Lower headpiece snugly to crown of head with sufficient pressure to flatten hair
- Read value at eye level
- Measure to nearest .1 cm or 1/8 inch (repeat measurements should agree within 1 cm or 1/4 inch)
- Record value immediately on data form

# K-CHAMP Height & Weight Protocol

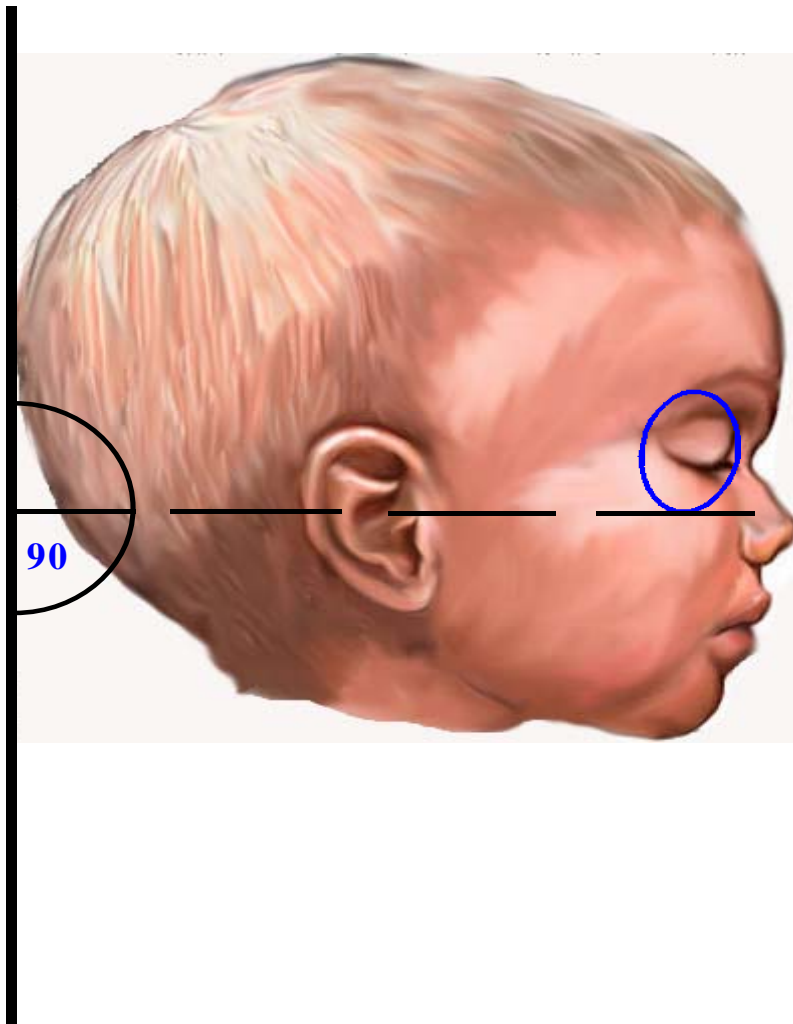


*Figure #1: **The Mid-Axillary Line***

While taking height measurements, make sure that the mid-axillary line is parallel to the measuring rod

# K-CHAMP Height & Weight Protocol

## Position of Head “Frankfort Plane”



### Reading Height Measurements

- Read at eye level
- Count visible lines
- If on line – count that line
- If between lines, read to nearest line
- Use .5 ( $\frac{1}{2}$ ) line as guide
- Read in upward direction (from low to higher number)



## **Recording Measurements**

- Record data on the K-CHAMP Data Form
- Write numbers slowly and clearly
- Fill all boxes/spaces where applicable
- Use pencil; erase errors completely
- Record correct measurement

### Measurement Considerations

- Accurate and precise measures
- Respect privacy and confidentiality
- Use sensitive language: “*let’s check your weight*” vs “*let’s see how big you are*”
- Complete measurement carefully, without undo haste and without unnecessary people present.

## Summary

- Use recommended instruments
- Be prepared—have K-CHAMP Data Form ready
- Use verbal cues when positioning for height  
refer to “legs, back, body, head”
- Repetition is essential

# K-CHAMP Data Form

# K-CHAMP Data Form

## **ANTHROPOMETRY DATA FORM**

Kansas Department of Health & Environment  
Spring 2005

**Directions:** To keep the measurements standardized, please adhere to the CDC guidelines outlined in the protocol provided in your packet. Important steps to remember prior to measuring height and weight include: 1. have students remove their shoes 2. have students remove heavy outer clothing (such as sweaters, jackets and vests) 3. have students remove hair ornaments, buns, (if possible) anything that could interfere with achieving an accurate measurement. Remember, when measuring height make sure the headpiece fits snugly against the crown of the head. Please document any problems you experience when measuring height and/or weight in the space provided below.

**Height:** Please take two measurements of the student's height using *either the English Formula or Metric Formula*. The repeat measurement should agree within 1/4 inch English or 1 cm Metric. If the second measurement does not agree within 1/4 inch or 1 cm, please take a third reading. The measurement should be recorded to the *nearest 1/8 inch when using the English Formula and .1 cm if you choose the Metric Formula*. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

<input type="radio"/> English: (record in inches)	<b>1st Reading</b>	<b>2nd Reading</b>	<b>3rd Reading (if needed)</b>
or	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.
<input type="radio"/> Metric: (record in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm

**Weight:** Please take two measurements of the student's weight using *either the English Formula or Metric Formula*. The measurements should be recorded to the nearest *1/4 pound for English or .1 kg for Metric*. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

<input type="radio"/> English: (record in lbs.)	<b>1st Reading</b>	<b>2nd Reading</b>
or	<input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs.	<input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs.
<input type="radio"/> Metric: (record in kg)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg

**Height & Weight Interference:** Please indicate if there were any problems with retrieving an accurate height and/or weight measurement.

<input type="checkbox"/> Wearing bulky or heavy clothing, cast/splint, leg braces
<input type="checkbox"/> Other (please specify) _____ (student in wheelchair, pregnancy, etc.)

**Form Completed by:** \_\_\_\_\_  
Initials (first, middle, last)

**Today's Date:**   /   /